

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)	10/030626		
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	INC	DEP.
1	/					51			
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51	/					TOTAL IND.			
52						TOTAL DEP.			
53						TOTAL PEN.			
54						TOTAL CLAIMS			
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A2	32								
A3	33								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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